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# **CONTINUING APPLICATION TRANSMITTAL UNDER RULE 1.53(b)** IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**CUSTOMER NO. 32294** 

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58546.00014 Docket No.

Date:

January 29, 2004

Commissioner	for Patents
P.O. Box 1450	
Alexandria, VA	22313-1450

Sir.					
Trans	smitted	d herew	ith for filing unde	r 37 C.F.R. §1.53(b) is a	
☐ Continuation		ontinuation		☐ Continuation-in-Part	
applic	cation	of prior	pending Applica	tion No. 10/235,551, filed	September 6, 2002,
For (Title):		INJECTION MOLDING APPARATUS			
By (Ir	nvento	rs):	Okito NISHIO		
1.		A Declaration and Power of Attorney is attached. The attached Declaration and Power of Attorney is:			
			- A 6 4b	Dodomtion and Dayer of	Attornov from the parent application /Llead

- a. A copy of the Declaration and Power of Attorney from the parent application. (Used with the same or fewer inventors and (a) a copy of the prior application or (b) a revised, reformatted or edited version of the prior application that does not contain new matter.)
- b. A new Declaration and Power of Attorney. (Used with the same, fewer or additional inventors and (a) a copy of the prior application, (b) a revised, reformatted or edited version of the prior application that does not contain new matter, or (c) a new specification.)
- 2.  $\boxtimes$ The filing fee is calculated below:

## CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED BELOW

FOR:	NO. FILED	NO. EXTRA		
BASIC FEE				
TOTAL CLAIMS	3 - 20	= 0		
INDEP CLAIMS	3 - 3	= 0		
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED				

If the difference is less than zero, enter "0".

### SMALL ENTITY

<u>OR</u>				
<u>OR</u>				
OR				

## OTHER THAN A **SMALL ENTITY**

RATE	FEE
	\$ 770
x 18	
x 86	
+290	
TOTAL	\$770

- Check No. 011013 in the amount of \$770.00 to cover the filing fee is attached. The  $\boxtimes$ 3. Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Counsel's Deposit Account No. 50-2222.
- \_\_ of the application before calculating the filing fee. At least one 4. Cancel claims \_ independent claim is retained for filing purposes.
- 5.  $\boxtimes$ Formal drawings (Figs. 1-6; 5 sheets) are attached.

#### $\boxtimes$ Address all future communications to: 17.

**Customer Number 32294** SQUIRE, SANDERS & DEMPSEY LLP 14<sup>TH</sup> Floor **8000 Towers Crescent Drive** 

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Respectfully submitted,

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DHG:scc